

TRANSMITTAL FORM

	nece,		
Application Serial Number	10/005,212	PLIVED	
Filing Date	December 4, 2001	MAR 1 2 200	
First Named Inventor	Gillies	2 2004	
Group Art Unit	1646		
Examiner Name	P. M. Mertz		
Attorney Docket No.	LEX-002C1		

ENCLOSURES (check all that apply)							
Fee Transmittal Form		Copy of Notice t Parts of Applicat		to File Missing ation (PTO-1553)		Appeal Communication to Board of Appeals and Interferences	
	☐ Check Attached ☐ Copy of Fee Transmittal Form		Formal Drawin	g(s)		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
	Amendment/Response	and Accompany ☐ To Convert to a		g Slip (PTO/SB/69) ying Petition		Status Letter	
:	After Final Affidavits/declaration(s)			n Provisional		Return Receipt Postcard	
☐ Letter to Official Draftsperson		Application			⊠	Certificate of First Class Mailing under 37 C.F.R. 1.8	
	including Drawings [Total Sheets]		Power of Attorn (Revocation of			Additional Enclosure(s)	
	Extension of Time Request	☐ Terminal Disclaimer				(please identify below)	
	Second Supplemental Information Disclosure Statement	Executed Declaration and Power of Attorney for Utility or Design Patent Application					
\boxtimes	Form 1449						
⊠	Copies of Second SIDS Citations (A60-A95; B88- B106; C170-C238)		Small Entity Statement				
	Certified Copy of Priority Document(s)	Request for Ref		fund			
	Response to Missing Parts/ Incomplete Application			e Communication			
CORRI	ESPONDENCE ADDRESS		<u></u>	SIGNATURE BL	оск		
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100			Date: March 8, 2004 Reg. No. 48,645 Tel. No.: (617) 248- Fax No.: (617) 248-	-7697	Respectfully submitted, Sun Yam Brian A. Fairchild, Ph.D. Attorney for Applicant(s) Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110		

FY 2003

Complete if Known						
Application Serial Number	10/005,212	- - - - - - - - - - -				
Filing Date	December 4, 2001	\(\)				
First Named Inventor	Gillies	1				
Group Art Unit	1646	MAD VA				
Examiner Name	P. M. Mertz					
Attorney Docket No.	LEX-002C1	7,				

				On
METHOD OF PAYMENT	FEE CALCULATION (continued)			
1. A Payment Enclosed:	3. ADDITIONAL FEES			
☐ Check ☐ Money Order ☐ Other	Large	Small		
, , , , , , , , , , , , , , , , , , , ,	Entity	Entity		
2. The Commissioner is hereby authorized to credit	Fee	Fee	Fee Description	Fee Paid
or charge any fee indicated below for this submission	(\$)	(\$)		
to Deposit Account No. 20-0531.				
Required Fees (copy of this sheet enclosed).	130	65	Surcharge - late filing fee or oath	
Additional fee required under 37 CFR 1.16 and	50	25	Surcharge - late provisional filing fee	
1.17.			or cover sheet	
Overpayment Credit.	130	130	Non-English specification	
3. Applicant claims small entity status.	2,520	2,520	Request for ex parte reexamination	
FEE CALCULATION	110	55	Extension for reply within first month	
1. FILING FEE	410	205	Extension for reply within second	
I. FILING FLL	'''	203	month	
Large Entity	930	465	Extension for reply within third month	
Fee (\$) Fee Description Fee Paid	1450	725	Extension for reply within fourth	-
100 (a)			month	
	1970	985	Extension for reply within fifth month	
750 Utility filing fee	320	160	Notice of Appeal	
330 Design filing fee	320	160	Filing a brief in support of an appeal	
160 Provisional filing fee	280	140	Request for oral hearing	
•	130	130	Petitions to the Commissioner	
	180	180	Submission of Information Disclosure	180.00
Number Number Rate Amount			Statement	
Filed Extra	750	375	Filing a submission after final	
			rejection (37 CFR 1.129(a))	
Total Claims $-20 = x $18.00 =$	750	375	For each additional invention to be	
			examined (37 CFR 1.129(b))	
Independent	100	100	Certificate of Correction for	
Claims $-3 = x \$ 84.00 =$			applicant's error	
	Other fee (Sp			
Multiple Dependent Claim(s), if any \$280.00 =	Other fee (Sp	ecify)		
TOTAL.				
TOTAL: SMALL ENTITY DISCOUNT:				
SUBTOTAL (1) (\$) 0.00	1			
2. AMENDMENT CLAIM FEES	1			
Claims Highest No. Present Rate Fee Paid) 		SUBTOTAL (3) (\$)	180.00
Remaining Previously Extra		•	SOBIOTAL (3)	180.00
After Amend. Paid For	-			
	ļ			
Total - = $x \$ 18.00 = 0.00$			SUBTOTAL (1)	0.00
Indep = $x \$ 84.00 = 0.00$	ļ		SUBTOTAL (2)	0.00
First Presentation of Multiple Dep. + \$280.00 =			SUBTOTAL (3)	180.00
Claim TOTAL: (4) 0.00				
TOTAL: (\$) 0.00 SMALL ENTITY DISCOUNT: (\$)				:
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SUBTOTAL (2) (\$) 0.00	\		TOTAL (\$)	180.00
CORRESPONDENCE ADDRESS	SIGNATURE BLOCK			
Direct all correspondence to:			Respectfully submitted	
Patent Administrator	D	0.2004	N . 6 1/1/	į
Testa, Hurwitz & Thibeault, LLP	Date: March		ma rankle	_
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